

Name of Infant	Date
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Example

Breastfed

Breastfed

3 ounces SMA with Iron, concentrate (made with 1 can concentrate and 1 can water)

[illegible]

1. Is this the way your baby eats most of the time? Yes No If no, why not? _____
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2. What is fed to your baby in a bottle? Breast Milk Formula Juices Water Cereal
Milk Jello Water Tea
Other _____
-
3. Check any problems your baby has during feedings.
Chokes and Gags Is a fussy eater Other _____
-
4. Where does your baby's drinking water come from?
Well City Water Bottled Water Don't know
-
5. How often does your baby go to a babysitter or day care? _____ days a weeks Never
If baby goes to sitter or day care, are meals / food provided? Yes No
-
6. When you are short of money for your baby's food or formula, what do you do? _____